

Pinellas County Council of PTAs

Working Hand in Hand Partnership Award

The purpose of this award is to recognize a local unit partner. Criteria: Programs must be non-profit and support the goals and objectives of PTA. They should enhance, benefit and strengthen the local unit. Your partner must have made a significant contribution in your program/event.

Partner Name: _____

Local Unit Name: _____

Program Title _____

Program Chair/Awards Chair: _____

No. of PTA Volunteers

No. of Hours

No. of Participants/Students

What is the purpose of the program? _____

Which PTA objective does it support? _____

How has the program enhanced and strengthened the local unit? _____

What did the partner do to support this program? _____

Briefly describe your program (not to exceed 100 words). Include the partners input in the planning process, details of the event and any information you feel supports your application. You may use additional pages. If available, you may attach 3 materials that support your efforts such as flyers, event programs, letters of appreciation, media releases and articles submitted to your PTA newsletter or the *Pinellas Courier*. **Application**

Deadline: First Thursday of each month mail application to: **Debbie Stotts, PCCPTA Awards Chair, PO Box 1943, Largo, FL 33779-1943, email:mamabearstotts@yahoo.com**